

CVP Update



Updates to the Advisory Committee on Immunization Practices Recommendations

The federal Advisory Committee on Immunization Practices (ACIP) met on February 26th and made several new recommendations.

Influenza

For the 2015-16 influenza season the ACIP voted to continue recommending that all persons 6 months and older be vaccinated annually against influenza. However, the ACIP did not renew the 2014–2015 preference for using the nasal spray (i.e., Live Attenuated Intranasal Vaccine or LAIV) instead of the flu shot (i.e., Inactivated Influenza Vaccine) in healthy children 2 through 8 years of age. The preferential recommendation was originally approved on June 25, 2014, after a review of data from several influenza seasons suggested that the nasal spray vaccine could offer better protection than the flu shot for children in this age group. The decision not to renew the preferential recommendation was made based on new data from more recent seasons that have not supported the superior effectiveness of LAIV observed in earlier studies. The ACIP recommends that children 6 months and older get an annual influenza vaccine with no preference stated for either the nasal spray vaccine or the flu shot.

Serogroup B Meningococcal Vaccine

The ACIP voted to recommend serogroup B meningococcal vaccine for persons aged 10 years and older who are at increased risk for meningococcal disease: persons with persistent complement component deficiencies, anatomic or functional asplenia, microbiologists who are routinely exposed to *Neisseria meningitidis*, and those considered at risk due to an outbreak. The risk groups do NOT include college freshman living in dorms or otherwise, travelers, or military recruits. Recommendations for these groups and additional recommendations will be discussed at the next ACIP meeting in June. There are two serogroup B meningococcal vaccines licensed in the United States for persons aged 10–25 years. Trumenba is a 3-dose Pfizer product, given at 0, 2 and 6 months. Bexsero is a 2-dose Novartis product given at 0 and 1 month. Both vaccines will be part of the Vaccines for Children (VFC) program, but cannot be ordered from the Connecticut Vaccine Program until a VFC Resolution is passed, which will probably occur in April or May. The new meningococcal serogroup B vaccine is a separate series of shots, additional to the quadrivalent meningococcal conjugate vaccine (serogroups A, C, W-135, and Y).

Nine-valent HPV Vaccine

The ACIP also voted in favor of including the new 9-valent HPV vaccine in the HPV vaccine recommendations. Vaccination of females is recommended with HPV-2, HPV-4 (as long as the formulation is available), or HPV-9. Vaccination of males is recommended with HPV-4 (as long as the formulation is available) or HPV-9.

HPV in the Spotlight: the Importance of a Strong Recommendation from Clinicians

Compared with the other vaccines recommended for boys and girls at age 11–12 years, HPV vaccination coverage for teens lags behind and remains far below the Healthy People 2020 target of 80% coverage by 2020. Many efforts have focused on accelerating HPV vaccination uptake. The Centers for Disease Control and Prevention has shared with Connecticut a quarterly report highlighting data and strategies to continue to facilitate collaboration in increasing HPV vaccination coverage; a summary of the latest report, which focuses on the importance of a strong recommendation from clinicians, appears below.

Evidence supports the importance of a strong recommendation from clinicians:

- A strong recommendation from clinicians is the best predictor of vaccination (Holman et al., 2014).
- Younger adolescents are less likely to receive a strong recommendation than older adolescents, and boys are less likely to receive a strong recommendation than girls (Allison et al., 2013).

Prevalence of clinician recommendation* for HPV vaccine and ≥1 dose of HPV vaccine coverage stratified by receipt of recommendation, teens aged 13-17 years, Connecticut, NIS-Teen 2013

	Received clinician recommendation	≥ 1 dose HPV vaccine coverage by receipt of clinician recommendation	
		Received recommendation	Did not receive recommendation
	% (95% CI)	% (95% CI)	% (95% CI)
Girls	74.6 (+8.2)	68.0 (+9.7)	42.4 (+3.7) [†]
Boys	55.5 (+9.3)	70.0 (+11.0)	30.5 (+14.2)

95% CI = 95% confidence interval. Estimates with 95% CI half-widths >10 may not be reliable.

*Clinician recommendation: parent reported receiving recommendation for HPV vaccination from their teen's clinician.

[†] The US national estimate is reported here. The Connecticut estimate not reported because unweighted sample size for the denominator was <30 or 95% CI half-width/estimate >0.6.

Measles Update

From January 1 to March 6, 2015, 159 people from 18 states and the District of Columbia were reported to have measles [AZ (7), CA (101), CO (1), DC (2), DE (1), GA (1), IL (15), MI (1), MN (1), NE (2), NJ (2), NY (3), NV (9), OK (1), PA (1), SD (2) TX (1), UT (2), WA (7)]. Most of these cases [117 cases (74%)] are part of a large, ongoing multi-state outbreak linked to an amusement park in California. This outbreak highlights the fact that measles is still common in many parts of the world including some countries in Europe, Asia, the Pacific, and Africa. Travelers with measles continue to bring the disease into the U.S. Measles can spread when it reaches a community in the U.S. where groups of people are unvaccinated.

As of April 7, 2015, there are no measles cases confirmed in Connecticut. The Immunization Program sent an informational communication about measles and testing to healthcare providers on February 11th. This communication, as well as past communications, fact sheets, and links to the CDC web page may be found on the Immunization Program web site at <http://www.ct.gov/dph/immunizations>.